

Exhibit 9

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
 7/10/2008

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY Delp Insurance Services FIRST FLOOR 1035 MILL CREEK DRIVE FEASTERVILLE PA 19053 FAX (215) 364-9144 E-MAIL: DELFIN@VERIZON.NET CODE: SUB CODE:		PHONE (215) 355-9660 COMPANY THE PHILA CONTRIBUTIONSHIP 210 SOUTH FOURTH STREET PHILADELPHIA, PA 19106	
INSURED KENNETH TAGGERT 45 HERON ROAD HOLLAND, PA 18966		LOAN NUMBER POLICY NUMBER 225 & 227 EFFECTIVE DATE 8/9/2007 EXPIRATION DATE 08/9/2008 <input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 521 COWPATH RD TELFORD PA 18969

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
DWELLING	\$660,000	
LIABILITY	\$100,000	
MEDICAL PAYMENTS TO OTHERS	\$ 1,000	
PREMIUM:		\$1700

REMARKS (Including Special Conditions)

PAID
 CASH DATE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS L B A FINANCIAL GROUP LLC 1681 KENNETH RD YORK PA 17408	<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	ADDITIONAL INSURED LOAN # AUTHORIZED REPRESENTATIVE
	JEFFREY D. DUFF	
	[Signature]	

ACORD 27 (2006/07)

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AGENCY Delp Insurance Services FIRST FLOOR 1035 MILL CREEK DRIVE FEASTERVILLE PA 19053		PHONE (A/C, No, Ext): (215) 355-9660		COMPANY THE PHILA CONTRIBUTIONSHIP 210 SOUTH FOURTH STREET PHILADELPHIA, PA 19106	
FAX (A/C, No): (215) 264-9144		E-MAIL ADDRESS: DELPINS@VERIZON.NET			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID#:					
INSURED KENNETH TAGGERT 45 HERON ROAD HOLLAND, PA 18966		LOAN NUMBER		POLICY NUMBER 225 & 227	
		EFFECTIVE DATE 8/9/2007		EXPIRATION DATE 8/9/2008	
				<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
521 COWPATH RD TELFORD PA 18969

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COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
DWELLING	\$660,000	
LIABILITY	\$100,000	
MEDICAL PAYMENTS TO OTHERS	\$ 1,000	
PREMIUM \$1,700.00		


REMARKS (Including Special Conditions)

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS L B A FINANCIAL GROUP LLC 1681 KENNETH RD YORK PA 17408	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

ACORD 27 (2006/07) Received Time Jul 10 3:41PM

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